

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	10/06/2020 09:06
Date Of Accident	09/06/2020 18:10
Exact Location Of Accident	ALONG SLE TOWARDS WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3207E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED ELECTRO-MART
Co Reg No	4XXXX000A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64681322

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088113227-03
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD ASHARI BIN SAMAD
NRIC No	SXXXX029F
Date Of Birth	03/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93551041
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 295A COMPASSVALE CRESCENT #10-215 SINGAPORE
Postcode	541295
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NA - PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD6702E
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	RACHELLE GAN
NRIC/Passport Number	SXXXX299I
Contact Number	91264181
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

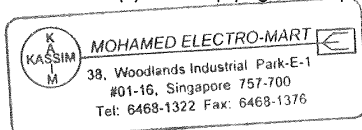
**SKETCH PLAN**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

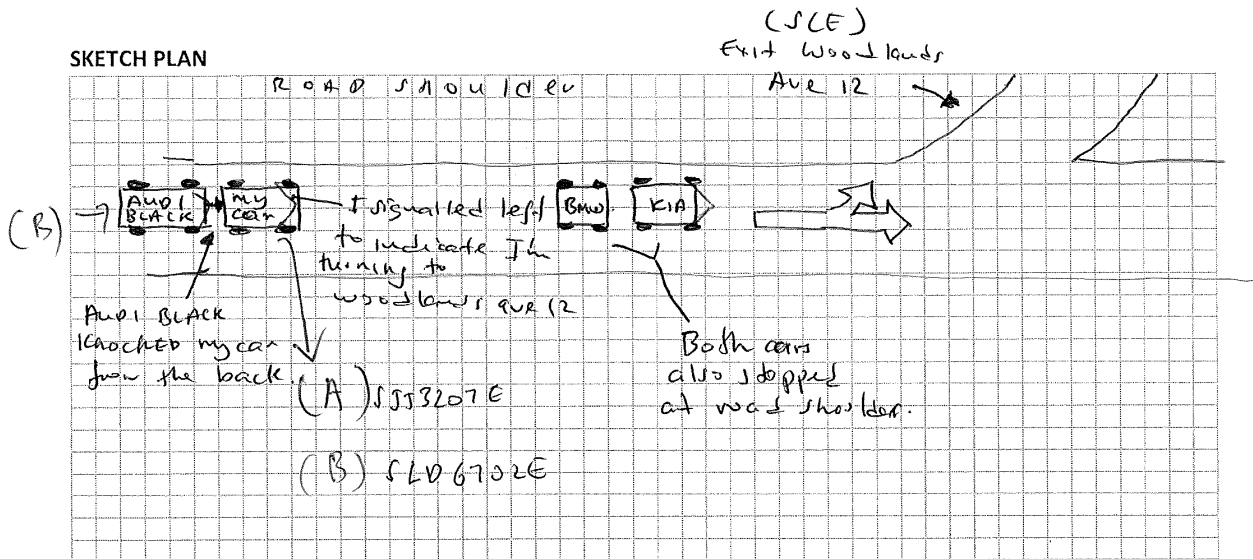


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/6/20  
9.20 am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2 Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1810hrs on 9<sup>th</sup> June 2020, as I was turning to exit at Woodlands Ave 12 at SCE, I slowed down and there is a white BMW in front of me slowing down too. There is ~~quite~~ a safe distance gap between my car and the white BMW.

As I approached the exit, <sup>a</sup> black Audi knocked <sup>my car</sup> me from the back. I slowly moved my car to the shoulder area to avoid traffic congestions.

~~After~~ The white BMW and there is another red KIA car in front of <sup>the white BMW</sup> me who also slowed down and they stopped at the road shoulder.

Before I stepped out of the car, I asked my passenger (a female Chinese) if she is okay and she said she is fine. Then I went out to check on the damage of my car and me and the Audi driver, Miss Rachelle exchanged ~~detail~~ particulars. We both took photos of the incident area and agreed to make a report and ~~to~~ claimed insurance. ~~after that~~.

~~After~~ As I still have passenger who I need to drop off, I continue to drop her off and send my car to my rental company for them to inspect.

Before dropping off the passenger, I asked her again if she is okay and ~~we~~ ~~exchange~~ I suggested we exchanged particulars but she ~~did not~~ ~~stated~~ want to exchange details.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

38, Woodlands Industrial Park-E-1  
#01-16, Singapore 757-700  
Tel: 6468-1322 Fax: 6468-1376

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/6/20  
9.20am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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